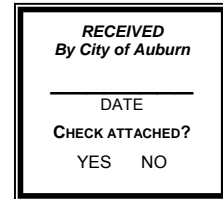


# CITY OF AUBURN

## Direct Debit Authorization



CUSTOMER NAME: \_\_\_\_\_

CUSTOMER MAILING ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

CUSTOMER PHONE NUMBER: \_\_\_\_\_ (7:30 a.m. -4:00 p.m. Mon -Fri)

For City Utility Account # \_\_\_\_\_  
*A separate form must be completed for each account.*

- Deduct:  the total amount of the bill  
(√ one) --OR--  
 my equalizer amount (*THIS AMOUNT IS REFIGURED EACH MAY*)

From: Bank Name: \_\_\_\_\_  
Bank City, State: \_\_\_\_\_  
ABA Routing #: \_\_\_\_\_  
Bank Acct #: \_\_\_\_\_  
Type of Acct:  Checking  Savings  Other: \_\_\_\_\_  
 Attach a copy of a voided check for this account.

I hereby authorize the City of Auburn to debit my bank account on the **25<sup>th</sup> day of each month** according to the instructions above until these directions have been amended or revoked in writing.

If there are insufficient funds in this bank account to cover the debit authorization, I agree to pay any bank charges incurred, &/or penalties & interest assessed by the City.

**NOTE:** If the 25<sup>th</sup> falls on a weekend or holiday, the funds will be deducted the prior business day.

\_\_\_\_\_  
*Customer Signature*

\_\_\_\_\_  
*Date*

**For Office Use Only:**

- City Acct# verified ..... By: \_\_\_\_\_
- Bank Acct# verified..... By: \_\_\_\_\_
- Names verified city/bank acct ..... By: \_\_\_\_\_
- Customer called/confirm receipt.... By: \_\_\_\_\_ / Date: \_\_\_\_\_
- Month started DDA..... By: \_\_\_\_\_